



Application for Sale of Consumer Fireworks License

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| Date Received: | | License Number: | |
| A. Sales Location Information | | | |
| <input type="checkbox"/> Mobile Sales Premise | | <input type="checkbox"/> Temporary Fireworks Premise | |
| <input type="checkbox"/> Permanent Sales Premise | | | |
| Street address: | | | Unit number: |
| Dates: <input type="checkbox"/> Victoria Day | | <input type="checkbox"/> Canada Day | |
| B. Application Requirements | | | |
| The following original documents must be included with this application: | | | |
| <input type="checkbox"/> Letter of permission from the Owner of the property | | | |
| <input type="checkbox"/> Vulnerable sector screening within your local police services issued within 60 days of the application for the person engaged in the sale of consumer fireworks | | | |
| <input type="checkbox"/> Certificate of commercial general liability insurance in the amount of five million dollars (\$5,000,000) naming The Corporation of the Town of Newmarket as additional insured and containing a cross liability clause | | | |
| <input type="checkbox"/> Sketch and description of the building or property for the proposed sale of Consumer Fireworks | | | |
| <input type="checkbox"/> Fee | | | |
| C. Applicant Information | | | |
| Last name: | | First name: | Company: |
| Street address: | | | Unit number: |
| | | | Lot/con: |
| Municipality: | Postal code: | Province: | e-mail: |
| Telephone number: () | Fax () | Cell number () | |
| D. Business/Vendor Information | | | |
| Last name: | | First name: | Company: |
| Street address: | | | Unit number: |
| | | | Lot/con: |
| Municipality: | Postal code: | Province: | e-mail: |
| Telephone number: () | Fax () | Cell number () | |
| E. Declaration of Applicant | | | |
| I _____ certify that: | | | |
| (print name) | | | |
| By signing this application the Owner/Applicant agrees that all information provided is true. The Owner/Applicant further agrees that any false information may result in a revocation of any license that may be issued. | | | |
| Date _____ | | Signature of Applicant _____ | |
| This application may contain personal information as defined under the <i>Municipal Freedom of Information and Protection of Privacy Act</i> . The information collected is required pursuant to the terms of the <i>Municipal Act</i> and will be used by the Town of Newmarket to process the application, and to determine whether to issue a license. Information will also be used for administration of such license, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws. | | | |
| OFFICE USE ONLY: | | | |
| Date: | | Approved by: | |
| Vendors License: | | | |
| Mobile Fee: | | Account Number: 13121.7724.01 | |
| Temporary Fee: | | Account Number: 13121.7724.02 | |
| Permanent Fee: | | Account Number: 13121.7724.03 | |